

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(S)	10/579736	FILING DATE
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CLAIMS

	CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2	1		1				52	
3	1		1				53	
4	1		1				54	
5	2		1				55	
6	2		1				56	
7	2		1				57	
8	2		1				58	
9	2		1				59	
10	3		1				60	
11	1		1				61	
12	3		1				62	
13	0		1				63	
14			1				64	
15			1				65	
16							66	
17							67	
18							68	
19							69	
20							70	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	1	↓		↓		
TOTAL DEP.		←	14	←		←		
TOTAL CLAIMS			15					